Items 18 & 21 Film G164 4/15/54 ams

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1661

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 193

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: HOWARD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WOODBINE RURAL
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: LISBON

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: HOWARD
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: WOODBINE RURAL
STREET ADDRESS (If rural, give location): Lisbon

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) ALFRED (Last) DUVALL

4. DATE OF DEATH: (Month) 2 (Day) 13 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: JULY 18 1950

9. AGE Last birthday: 3 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: FRANCIS DUVALL

14. MOTHER'S MAIDEN NAME: EVELYN RUTH CHRISTIAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Francis Duvall, Woodbine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

916.0
Immediate cause (a) Dehydration and electrolyte imbalance and pneumonia
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Complicating burns of the right leg. shed
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) Woodbine (County) Howard (State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Feb. 11, 1954 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Playing with candle-caught fire to pants.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: R B Fisher M. D.

CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED: 1-14-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2-16-54

NAME OF CEMETERY OR CREMATORY: Montgomery

LOCATION (City, town, or county) (State): Damascus, Md.

DATE REC'D BY LOCAL REG. 2-16-54

REGISTRAR'S SIGNATURE: E. Pearl Owens

24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md

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FEB 25 1954
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1662

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VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01658

Reg. Dist. No. 190

1. PLACE OF DEATH:

County: Howard County

City or town: Ellicott City X

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Montgomery Rd. X

Stay in hospital or inst. (yrs., or mos., or days): Scheoffers Cavalcade

Stay in this community (yrs., or mos., or days): Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Howard County

City or town: Dorsey Md. X Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Dorsey Rd.

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Richard Stewart Hook

3. (b) Social Security Number: none

4. Sex: Mob

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mrs Annie B. Hook

6(c) If alive, give age: 76 years

7. Birth date of deceased (mo., day, yr.): Feb. 29 1872

8. AGE: Years: 81 Months: 11 Days: 8 If less than one day: ___ hrs. ___ min.

9. Birthplace: Annapolis Md (Town, county, and state)

10. Usual occupation: Retired Carmen

11. Industry or business: B. & O. Rail Road

FATHER

12. Name: William Hook

13. Birthplace: Annapolis Md.

MOTHER

14. Maiden name: Mary Stewart

15. Birthplace: Annapolis. Md

16. Informant: Mrs Annie B. Hook

Address: Dorsey Rd

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 10, 1954 (month) (day) (year)

Cemetery or crematory: Iron Cemetery

Location: Dorsey Rd.

18. Funeral director: Elmer W. Conklin

Address: 924 E. Eager St.

19. 2-8 1954 (Date rec'd by registrar) a/w Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 7 1954, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 2nd 1954, to Feb. 7th 1954 and that I last saw him alive on Feb. 6 1954

Immediate cause of death: Hypertensive Cardio-Vas Disease

Due to: Senility

Due to: 443X

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: 1 yr. 2 yrs.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Frank Shipley, M.D. (M. D. or other)

Address: Savage, Md. Date signed: 2/7/54

Co. Shipley
Somerset Md.

1663

01659

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Howard Co. — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City, Md. X

LENGTH OF STAY (in this place): 60

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Shaffers Convalesent Retreat

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — Baltimore Co. COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Catonsville 03852-2

STREET ADDRESS (If rural give location): 819 Frederick Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
ELLEN	LYONS	INGRAM	Feb.	7,	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widow	12/4/1870	83 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Maryland	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John R. Lyons	Eleanor Oliver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	None	Mrs. E. I. McKenzie 2 Holmehurst Ave. Catonsville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
Immediate cause: 443X	(a) Cerebral hemorrhage	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Hypertension CV disease — DUE TO	2 yrs
	(c) — DUE TO	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1954, to Feb 7, 1954, that I last saw the deceased alive on Feb 7, 1954, and that death occurred at 10 AM, from the causes and on the date stated above.

SIGNATURE: Jan C. Hartman (Degree or title) MD — ADDRESS: Ellicott City Md — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/10/54	Oxford Cemetery	Oxford Chester Co. Penna.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 8, 1954	John B. Langhan. Per. B. E. L.	Easton Sons	Catonsville, Md.

VS. A15

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FEB 15 1954
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01660

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Haylands Farm

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville
STREET ADDRESS (If rural give location) Haylands Farm

3. NAME OF DECEASED: (Type or Print) (First) MARILYN (Middle) Mc CANDLESS (Last)

4. DATE OF DEATH: (Month) Feb. (Day) 9, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 12-6-1927

9. AGE last birthday: 26 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Chicago, Ill

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wilson B. Mc Candless

14. MOTHER'S MAIDEN NAME: Berte Harcourt

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mr. W. B. McCandless, Clarksville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

345 X

Immediate cause (a) Cachexia — Interval Between Onset And Death: 2 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Multiple sclerosis — 12 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1947, to Feb 9, 1954, that I last saw the deceased alive on Feb 5, 1954, and that death occurred at 1:05 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles S. Whitaker, M.D. — ADDRESS Clarksville, Md. — DATE SIGNED Feb. 10, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2-10-54 — NAME OF CEMETERY OR CREMATORY St. Johns — LOCATION (City, town, or county) (State) Ellicott City, Md.

DATE REC'D BY LOCAL REGISTRAR Feb 11, 1954 — REGISTRAR'S SIGNATURE Marie A. Whitaker

24. FUNERAL DIRECTOR — ADDRESS F.C. Higinbothom, Ellicott City, Md.

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FEB 15 1954
BUREAU V. S.

Film#G161 Item# 7 2/24/54 emf

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 190

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place) 1 night
HOSPITAL OR INSTITUTION OR STREET ADDRESS Howard County Jail Ellicott City, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 928 Homestead St.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) WAYLAND (Last) McCARTHY

4. DATE OF DEATH (Month) 2/10 (Day) (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced

8. DATE OF BIRTH: July 23, 1923

9. AGE last birthday: 30 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: laborer

11. BIRTHPLACE (State or foreign country): FOXWELLS, VA.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: GEORGE W. McCARTHY SR.

14. MOTHER'S MAIDEN NAME: LINNIE P. SELPH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 223-26-7755

17. INFORMANT & ADDRESS: GEORGE W. McCARTHY JR., 735 NEWINGTON AVE, BALTO.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

581.1 Immediate cause (a) Delirium tremens

~~DUE TO~~

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fatty infiltration of liver

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R R Fisher M. D.

CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2/10/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Feb. 13, 1954

NAME OF CEMETERY OR CREMATORY Wood Lawn

LOCATION (City, town, or county) (State) Kilmarnock, VA.

DATE REC'D BY LOCAL REG. Feb 12, 1954

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR John O. Mitchell & Sons

ADDRESS 1900 Eutaw Place

1665

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Taylor Manor Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 5201 Talbot Place

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) (Last) Moog

4. DATE OF DEATH (Month) (Day) (Year): February 17 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Apr 20 1880

9. AGE last birthday: 73 yrs.

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Business-man-retired

10b. KIND OF BUSINESS OR INDUSTRY: Dry goods

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Herman Moog

14. MOTHER'S MAIDEN NAME: Wilhelmina Zimmerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Eva Katherine Moog 5201 Talbot Place-27

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 8 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis — several years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Depression - Bronchial Pneumonia (10 days) 4 mos.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 8, 1954, to Feb 16, 1954, that I last saw the deceased alive on Feb 16, 1954, and that death occurred at 2:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Irving J. Taylor M.D. (Pine Clinic) Taylor Manor Hospital, Ellicott City 2/17/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Feb 19-1954.
NAME OF CEMETERY OR CREMATORY: London Park
LOCATION (City, town, or county): Baltimore
(State): Md.

DATE REC'D BY LOCAL REG.: 2/18/54
REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: John F. Feifel
ADDRESS: 5311 Edmondson Ave, Md

VS. A15

1667

01663

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 91

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS B & O R R 150 feet west of Ellicott City Station

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Tenessee COUNTY Hamblen
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Morristown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) Emory (Last) Nichols

4. DATE OF DEATH (Month) Feb. (Day) 22 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 7-10-1934
9. AGE last birthday: 19 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Press Feeder
10b. KIND OF BUSINESS OR INDUSTRY: Bartgis Paper Box Factory
11. BIRTHPLACE (State or foreign country): Tenn
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Leonard Nichols
14. MOTHER'S MAIDEN NAME: Lilly Kinsler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ?
17. INFORMANT & ADDRESS: Clint Nichols, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushing Injury of Head
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

802X

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY B&ORR Tracks
21c. (City or town) Ellicott City (County) Howard (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Feb. 22, 1954 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Struck by B&ORR train while on tracks

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☒.

SIGNATURE George E. Bunting M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-22-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 2-25-54
NAME OF CEMETERY OR CREMATORY Kyles Ford
LOCATION (City, town, or county) (State) Morristown, Tenn

DATE REC'D BY LOCAL REG. Feb. 23, 1954
REGISTRAR'S SIGNATURE John B. Loughran. Pen. B.E.L.
24. FUNERAL DIRECTOR ADDRESS F.C. Higinbothom, Ellicott City, Md

VS. A15A - 5 - 53

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MAR 1 1954
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01664

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City X
LENGTH OF STAY (in this place) 6½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Pinel Clinic) Taylor Manor Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3 Vol-4
STREET ADDRESS (If rural give location) 205 W. Madison St. ✓

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Wright

4. DATE OF DEATH: (Month) (Day) (Year) February 7 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: April 7, 1873

9. AGE last birthday: 80 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York City

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William C. Renwick

14. MOTHER'S MAIDEN NAME: Harriett McDouall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Silver Spring, Md. Wm. R. Renwick 8629 Piney Branch Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 X

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cerebral Arteriosclerosis — Several years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — 8 years

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 6, 1947, to Feb 7, 1954, that I last saw the deceased alive on Feb 7, 1954, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Irving J. Taylor M.D. Taylor Manor Hospital, Ellicott City Feb 7, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) CREMATION — DATE THEREOF 2/8/54 — NAME OF CEMETERY OR CREMATORY LOUDON PARK — LOCATION (City, town, or county) (State) BALTIMORE, MD.

DATE REC'D BY LOCAL REGISTRAR Feb. 8, 1954 — REGISTRAR'S SIGNATURE John B. Loughran. Pro. S.B.E.L. — 24. FUNERAL DIRECTOR ADDRESS Easton Sons Ellicott City, Md.

VS. A15

RECEIVED
FEB 15 1954
BUREAU V. S.